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## BIB DATA SHEET

CONFIRMATION NO. 7925

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/573,950	03/29/2007	623	3738	37621/52101		
<b>APPLICANTS</b> Thomas Nissl, Winsen/Luhe, GERMANY; Eric K. Mangiardi, Charlotte, NC; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/31844 09/29/2004 which claims benefit of 60/507,260 09/30/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/17/2007						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/CHERYL L MILLER/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> <del>20</del> 21	<b>INDEPENDENT CLAIMS</b> <del>4</del> 3
<b>ADDRESS</b> MERIT MEDICAL SYSTEMS, INC. C/O STOEL RIVES, LLP ONE UTAH CENTER 201 SOUTH MAIN STREET -- SUITE 1100 SALT LAKE CITY, UT 84111 UNITED STATES						
<b>TITLE</b> Removable Stent						
<b>FILING FEE RECEIVED</b> 391	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		